Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Chris Pappas for Congress PO Box 313 ADDRESS (number and street) (Check if address is changed) Manchester 03105 NH CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS fec@chrispappas.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.chrispappas.org (Check if address is changed) DATE 2022 C00660464 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Coffman, Andrea, , , Type or Print Name of Treasurer Coffman, Andrea, , , [Electronically Filed] 09 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

E	C Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the can information below.)	ıdidate
	Name of Candidate Pappas, Chris, , ,	
	Party Affiliation DEM Sought: House Senate President	State NH istrict 01
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, etc.)	Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	anization is a:
	Corporation Corporation w/o Capital Stock Labor Organiz	zation
	Membership Organization Trade Association Cooperative	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated function committee. (i.e., nonconnected committee)	d or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mor committees/organizations, at least one of which is an authorized committee of a federal candidate.	e political
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	e political
	Committees Participating in Joint Fundraiser	
	1. C	

	FEC Form 1 (Revised 0	2/2009)	Page 3
٧	Vrite or Type Committee Name		
	Chris Pappas f	or Congress	
6.		ganization, Affiliated Committee, Joint Fundraising Represe	ntative, or Leadership PAC Sponsor
	Takano Equality Wav	'e 	
	Mailing Address	PO BOX 15320	
		1	
		Washington	DC 20003 -
		CITY ▲ ST.	TATE ▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Re	
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the	e person in possession of committee
	Coffman, A	ndrea, , ,	
	Full Name		
	Mailing Address	PO Box 313	
		Manchester	NH 03105 - - - -
		CITY ▲ ST.	TATE ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	r
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the consistant treasurer).	mmittee; and the name and address of
	Full Name Coffman, A	ndrea, , ,	
	of Treasurer		
	Mailing Address	PO Box 313	
		Manchester	NH 03105
		CITY ▲ ST	TATE ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	

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Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
	Telephone nu	mber	
	Depositories: List all banks or other depositories in which the committees or maintains funds.	tee deposits fu	unds, holds accounts, rents
Name of Bank, D	epository, etc.		
	Amalgamated Bank		
Mailing Address	1825 K St, NW		
	Washington	DC	20006
	CITY A	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	Primary Bank	1 1 1 1 1	
Mailing Address	207 Route 101		
	Bedford	NH	03110
	CITY A	STATE ▲	ZIP CODE ▲

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or(h). Joint Fundraisi r	g Participant:		
1		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	С
Name of Any Connected Maintaining a Maj	Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Sponsor
Mailing Address	918 Pennsylvania Ave SE		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	oint Fundraising Represent	ative Leadership PAC Spons
Full Name Mailing Address	y by name, address (phone number – optional)		
3			
	CITY ▲	STATE A	ZIP CODE A
TITLE OR POSITION		Telephone Number	
safety deposit boxes or ma	of America 201 Pennsylvania Ave, SE	ch the committee deposit	s funds, holds accounts, rents
	Washington	DC DC	20003

FEC Form 1S (Revised 02/2017)

5(g) o	r(h). Joint Fundraisin	g Participant:		
	1		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	С
6.		Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Sponsor
	Hold the House F	rontiine Fund 		
	Mailing Address	119 1st Ave So		
		Suite 320		
		Seattle	, , , WA	98104
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	t Fundraising Represent	ative Leadership PAC Sponsor
3.	Decianated Agents Identify	the control of the co		
	Full Name	by name, address (phone number – optional)		
		by name, address (phone number – optional)		
	Full Name	by name, address (phone number – optional)		
	Full Name	by name, address (phone number – optional)		
	Full Name Mailing Address	CITY A	STATE A	ZIP CODE A
	Full Name	CITY A		
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or ma	CITY A ries: List all banks or other depositories in which	STATE ▲	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main main management of Bank, Depository, etc.	CITY ▲ ries: List all banks or other depositories in which aintains funds. ry's Bank	STATE ▲	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main main management of Bank, Depository, etc.	CITY ▲ ries: List all banks or other depositories in which aintains funds. ry's Bank	STATE ▲	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connected Go for Broke for	I Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponso
Mailing Address	PO Box 15320		
	Washington	DC	20003
Balada ada	CITY A	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee		Leadership PAC Spo
Connecte Designated Agent: Identi	ed Organization Affiliated Committee		Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee		Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee		Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	Affiliated Committee Join fy by name, address (phone number – optional)		Leadership PAC Spo
Connecte Designated Agent: Identi Full Name Mailing Address	Affiliated Committee Affiliated Committee Figure 1. Join Affiliated Committee Figure 2. Join Figure 2. Join Figure 2. Join Figure 3. Join Figure 4. Jo	t Fundraising Representa	
Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Affiliated Committee Y Join To pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	Affiliated Committee Affiliated Committee To Join CITY CITY Dries: List all banks or other depositories in which aintains funds. Bank	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

n). Joint Fundraisin g	Participant:					
1.			F	EC ID number	C	
2.			F	EC ID number	C	
3.			F	EC ID number	C	
4			F	FEC ID number	C	
ame of Any Connected		Committee, Joint	Fundraisir	ng Representat	ive, or Lea	dership PAC Spo
Equality Congress						
Mailing Address	PO Box 15320					
	Washington			DC	200	03
Relationship:		CITY A		STATE	A	ZIP CODE ▲
Connected	Organization Affiliate			draising Represe	ntative	Leadership PAC
esignated Agent: Identify Full Name	Organization Affiliate			draising Represe	ntative	Leadership PAC
esignated Agent: Identify	Organization Affiliate			draising Represe	ntative	Leadership PAC
esignated Agent: Identify Full Name	Organization Affiliate			draising Represe	ntative	Leadership PAC
esignated Agent: Identify Full Name	Organization Affiliate	e number – optio	nal)			
esignated Agent: Identify Full Name	Organization Affiliate by name, address (phone	e number – optio	nal)			
esignated Agent: Identify Full Name Mailing Address	Organization Affiliate by name, address (phone	e number – optio	nal)			
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma	Organization Affiliate by name, address (phone) Civilians Civilia	e number – optio	nal)	STATE A		ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma ame of Bank, epository, etc.	Organization Affiliate by name, address (phone) Civilians Civilia	e number – optio	nal)	STATE A		ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma	Organization Affiliate by name, address (phone) Civilians Civilia	e number – optio	nal)	STATE A		ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma ame of Bank, epository, etc.	Organization Affiliate by name, address (phone) Civilians Civilia	e number – optio	nal)	STATE A		ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(g) c	or(h). Joint Fundraisin	g Participant:		
	1		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundraisent Defenders Fund	sing Representative	e, or Leadership PAC Sponsor
	Mailing Address	PO Box 5418		
		Takoma Park	MD MD	20913
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee X Joint Fi	undraising Representa	Leadership PAC Sponsor
8.		by name, address (phone number – optional)		
	Full Name			
	Full Name	<u> </u>		
	Full Name _ _ _			
		CITY A	STATE A	ZIP CODE A
	Mailing Address			ZIP CODE A
	Mailing Address TITLE OR POSITION	Tele	STATE ▲	
	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,	Tele	STATE ▲	
	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	Tele	STATE ▲	
	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	Tele	STATE ▲	

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi r	ig i di dolpanti		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Spon
Defend the Major	ity 		
Mailing Address	600 Pennsylvania Ave SE #15180		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	ative Leadership PAC Sp
Connecte		t Fundraising Representa	ative Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee	t Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee	t Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif Full Name Mailing Address	d Organization Affiliated Committee Joint by by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Sp
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FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Gallego Pappas	I Organization, Affiliated Committee, Joint Fund	draising Representativ	re, or Leadership PAC Spon
Mailing Address	PO Box 65322		
	Washington	DC	20035
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	ed Organization Affiliated Committee Joinfy by name, address (phone number – optional)	int Fundraising Represent	tative Leadership PAC Sp
		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	Leadership PAC Sp
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FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi	1	FEC ID number	C
1.		FEC ID number	
2.			C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
Stand Up for Der	nocracy JFA		
Mailing Address	PO Box 5418		
	Takoma Park	MD	20913
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC S
	fy by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identi		Fundraising Representa	Leadership PAC S
esignated Agent: Identi		Fundraising Representa	Leadership PAC S
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FEC Form 1S (Revised 02/2017)

h). Joint Fundraising			1	FFC ID		
1				FEC ID number		
2.				FEC ID number		
3.				FEC ID number	C	
4.				FEC ID number	C	
ame of Any Connected (_	liated Committee,	Joint Fundra	ising Representati	ve, or Leadership	PAC Spon
House Victory Pro	ject 2022					
Mailing Address	600 Pennsylvani	a Ave SE #15180				
	Washington			DC DC	20003	-
Relationship:		CITY A		STATE A	ZIP	CODE A
Connected	Organization	Affiliated Committee		Fundraising Represe	ntative Leaders	ship PAC S
Connected esignated Agent: Identify				Fundraising Represe	ntative Leaders	ship PAC S _l
Connected esignated Agent: Identify Full Name				Fundraising Represe	ntative Leaders	ship PAC S
Connected esignated Agent: Identify				Fundraising Represe	ntative Leaders	ship PAC S
Connected esignated Agent: Identify Full Name				Fundraising Represe	Leaders	ship PAC S
Connected esignated Agent: Identify Full Name	by name, address		optional)		Leaders	
Connected esignated Agent: Identify Full Name	by name, address	s (phone number –	optional)			
esignated Agent: Identify Full Name Mailing Address	by name, address	s (phone number –	optional)			
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	by name, address	city A	optional)	STATE A	ZIP Co	- ODE
esignated Agent: Identify Full Name Mailing Address	by name, address	city A	optional)	STATE A	ZIP Co	- ODE
Esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or main arme of Bank,	by name, address	city A	optional)	STATE A	ZIP Co	- ODE
Esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail ame of Bank, epository, etc.	by name, address	city A	optional)	STATE A	ZIP Co	- ODE